



Wisconsin Department Of Public Instruction
CHILD AND ADULT CARE FOOD PROGRAM
DAY CARE HOME REVIEW FORM
PI-6037-A (Rev. 09-04)

Provider No.

GENERAL INFORMATION

Date of Review

☐ 1 ☐ 2 ☐ 3 ☐ UN ☐ 4WK

Arrival Time

Departure Time

☐ Tier 1 ☐ Tier II ☐ Tier II with Income Eligibility Applications

Name of Sponsor

Agreement Number

Name of Provider

Telephone Area/No.

Address

Reviewer(s)

A copy of the current sponsor/provider agreement is on file at the provider's home.

☐ Yes ☐ No

License Information

Expiration Date

Capacity

Other

Certification Information

Expiration Date

Capacity

Other

Hours of Organized Care

Days of Organized Care

☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

Holiday Care

☐ Yes ☐ No

Evening Care

☐ Yes ☐ No

Meal Observed

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack

Meal Service Time Observed

ATTENDANCE AND ELIGIBILITY DATA

Full Name of ALL Children in Attendance	Age	Enrollment Forms		Provider's Own Child	Meal Participant	Meal Claimed
		Child Care	CACFP			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Totals						

PROGRAM RESPONSIBILITY				
Child Care Enrollment Forms	YES	NO	N/A	COMMENTS
1. Do the child care enrollment forms provided by the sponsoring organization include a statement declining the CACFP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If 1 is "Yes", does the provider have on file a cover memo signed by the parent/guardian of each enrolled child? (The sponsor may conduct a monthly query and follow-up in lieu of the cover memo.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance and Eligibility Data				
3. The observed meal was served at the approved, scheduled time. If "NO" explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The provider is at/within licensed/certified capacity, and provider/child ratio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The children in attendance and participating in the meal service have complete and current (i.e. less than one year since updating) CACFP enrollment forms, including each child's normal days and hours in care, and the meals normally received in care. If "NO", explain and document required corrective action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The meals claimed are served to children who are within regulatory age limits. If "NO", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Meals served to the provider's own children (and children of the provider's paid helper) are claimed only if the child is enrolled, eligible and other enrolled children are participating in the meal service. If "NO", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The provider charges separately for meals. If "YES", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Civil Rights				
9. The provider allows all children equal access to its child care services and facilities regardless of race, color, sex, age, disability or national origin. If "NO", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. The provider serves meals to all enrolled children equally regardless of the child's race, color, sex, age, disability or national origin. If "NO", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. The nondiscrimination Statement and complaint procedures are included in provider advertisements when referencing admissions and/or the CACFP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health/Safety/Sanitation				
12. The refrigeration units are clean and maintained at required temperatures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Food is properly stored in the refrigeration units and in dry areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Cleaning supplies and other toxic materials are safely stored out of the reach of children and away from food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. There is no evidence of rodent or insect infestation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. There are no obvious fire, health and/or safety hazards observed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Food service was conducted in compliance with generally accepted health and sanitation practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. The provider and children wash hands prior to food handling and eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SPONSOR TRAINING/MONITORING				
19. List the date of the last sponsor conducted training session the provider attended:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. The provider felt the sponsor training was helpful, and has implemented information provided. If "NO", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PROGRAM RESPONSIBILITY (CONT.)					
Sponsor Training/Monitoring (cont.)	YES	NO	N/A	COMMENTS	
21. The sponsor is responsive to the provider's questions and concerns. If "NO", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. Provider recommendations for future training topics/needs or training improvement ideas are:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tiering Method of Reimbursement					
23. The provider was notified of their reimbursement options: Tier I or Tier II. If it is a Tier II home, the provider requested the sponsor to collect income eligibility forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DAY OF REVIEW—OBSERVATION OF MEAL SERVICE					
1-12 Year Olds		Infants			
Meal Components	Food Item	Meal Components	Birth-3 Months	Food Item 4-7 Months	8-11 Months
Milk		Iron Fortified Formula/ Breast Milk			
Meat/Meat Alternate		Meat/Meat Alternate			
Fruit or Vegetable		Fruit or Vegetable			
Fruit or Vegetable		Infant Cereal			
Grain/Bread		Other			
Other					
Day of Review—Observation of Meal Service	YES	NO	N/A	COMMENTS	
24. The menu documentation corresponds to the meal observed. If "NO", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25. The meal observed contains all required components. If "NO", list the number of meals missing components and describe technical assistance provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
26. It appears that the required quantities of food items are prepared, available and served. If "NO", list the components prepared and served in insufficient quantities and describe technical assistance provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27. The observed meal provides a variety of colors, temperatures, textures, shapes, sizes and flavor. If "NO", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28. The meal service occurs in a positive/pleasant environment. If "NO", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29. Medical Statements are on file for all substitutions related to medical needs. If "NO", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30. At least one component of the infant meal pattern is supplied by the provider as the child is developmentally ready.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31. Separate, daily, dated menus for children and infants are available, and up-to-date at the provider's home, for all approved/claimed meals for the current month. If "NO", explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
32. An accurate meal count was taken during or immediately after meal service. If "NO", explain and describe the technical assistance provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	DAY OF REVIEW—OBSERVATION OF MEAL SERVICE (CONT.)	
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Day of Review—Meal Counts (cont.)	YES	NO	N/A	COMMENTS												
33. List the meal counts for the same meal type observed on the day of the visit for each of the five preceding serving days. Day of Review Meal Count: <table border="1" style="margin-left: 20px; width: 200px; border-collapse: collapse;"> <tr> <th style="width: 20%;">Date</th> <th style="width: 80%;"># of Meals Counted</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Date	# of Meals Counted											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date	# of Meals Counted															
34. Do the meal counts for the prior five consecutive days appear reasonable when compared to today's meal count, as well as to the home's enrollment and/or attendance records? If "NO", obtain and record an explanation and the required corrective action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													

	PUBLIC LAW/PRIOR REVIEWS	
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Public Law 106-224 Compliance	YES	NO	N/A	COMMENTS
35. The "Building for the Future" poster is prominently displayed? (Display of the poster is recommended, but not required.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. The provider distributes the Parental Notification flier to all newly enrolling households? If "NO", explain and document required corrective action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prior Review(s)				
37. Were problems requiring corrective action noted during the prior review(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Has the home corrected the problems noted on the previous review(s)? If "NO", explain and document the required corrective action(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	SUMMARY OF FINDINGS	
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Review Item Number	Brief Description of Finding	Corrective Action (C.A.) Needed	C.A. Due Date	Follow-Up Visit Date	Date Corrected

	SIGNATURES	
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Provider Signature 	Date Signed Mo./Day/Yr.
Reviewer Signature 	Date Signed Mo./Day/Yr.